rnysiciun or	PLACE OF BIRTH ARIZONA STATE BOARD OF HEALTH County of BUREAU OF VITAL STATISTICS STATE INC. NO.
r uy	District of Slow ORIGINAL CERTIFICATE OF BIRTH Co. Register No.316
81111	Town of Local Registrar's No
יפחי	or $\mathcal{L}(Q_4, \mathcal{V}_{0,0})$
3	City of St; Ward)
7,	FULL NAME OF CHILD
1	If child is not named, make Supplemental Report on blank obtainable from local registrar.
:	Sex of Child Water Twin, Triplet or other and Number Legitive Birth Date of Birth (Month) (Day) (Yr/)
birth,	Full FATHER Maiden Mandey Marchey Mander Many Kindel
	Residence Residence
a after	Color or Race What Age at last 9 Y or Race What Birthday (Years) Color or Race (Years)
5 days	Birthplace Wt. Pleasant Jenn
ļ	Occupation
Within	Unetternan Hauseunge
นะยุเยเนร	Number of child of this mother Number of children, of this mother, now living Were precautions taken against Ophthalmia neonatorum?
31 HD	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
۲ ټ	I hereby certify that I attended the birth of above child; and that it occurred on 191 4, at 191 4, at 191 4.
מחני חי	{ *When there is no attending physical should make this return. (Signature) (Signature) (Attending physician, midwife, householder.*)
3	Given or christian name added from a Address
	supplemental report 191 Filed 30 191 4 B S LOCAL REGISTRAR.
	COUNTY REGISTRAR. Filed Oct 1914 A True Copy & G Jot WWO COUNTY REGISTRAR.
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